TUOLUMNE COUNTY TRANSIT

TCTA ADA COMPLAINT FORM

Complainant Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Incident Details:

Date:_____ Time:_____ Location:_____

Describe the Incident (attach pages if needed):

_____
_____
_____
_____
_____

Names of Employees Involved (if known):

_____

Desired Resolution:

_____
_____

Accessibility Needs (check if needed):

[ ]Large Print [ ]Braille [ ]Audio [ ]Other:_____

Signature:_____ Date:_____